

## Approaches used in investigating family support in transition to parenthood

SANNI TIITINEN<sup>1\*</sup>, RIIKKA HOMANEN<sup>1</sup>, PIRJO LINDFORS<sup>2</sup>  
and JOHANNA RUUSUVUORI<sup>1</sup>

<sup>1</sup>School of Social Sciences and Humanities, FI-33014 University of Tampere, Finland and

<sup>2</sup>School of Health Sciences, FI-33014 University of Tampere, Finland

\*Corresponding author. E-mail: [sanni.tiitinen@uta.fi](mailto:sanni.tiitinen@uta.fi)

### SUMMARY

Early support has been acknowledged to be needed in the phase of transition to parenthood, and increasing knowledge is available on the factors enhancing this transition. The issue is to translate the knowledge into practices of preventive care. In this article, our aim is to map out recent research on supporting parents in maternity and child health care and to analyse how the subject of family support has been studied. The data consist of 98 scientific articles published in peer-reviewed journals during 2000–09. Most of the reported research was Anglo-American, and fell within the academic fields of nursing studies, medicine and public health. The studies were categorized into three groups according to the epistemic perspective that was taken on the subject of family support, the studies focusing on (i) views and perceptions on family support of both clients and professionals (63 studies), (ii) the effectiveness of interventions (27 studies) and (iii) activities in the practices and processes of MCH (8 studies). First, the groups were described with regard to the study participants and the data and methods used. A bias towards the perspectives of risk groups and mothers was detected. Second, we examined the potential of different epistemic perspectives to describe care practices. The article contributes to the discussion about how to examine the practices and processes of health promotion and preventive care in such a way that the ‘good practices’ identified could be implemented in other contexts than the one studied.

Key words: family support; maternity and child health care; methodology; review

### INTRODUCTION

Increasing attention has been paid to the need for early support of parenthood in the health-care policies of Western countries (Glass, 1999; Armstrong and Hill, 2001). A specific topic of concern has been the mental health and social well-being of young children (e.g. Department of Health, 2004; Viitala et al., 2008). Early family relations are agreed to be crucial for child development (Goodman, 2008; Swanson and Wadhwa, 2008), and it has been suggested that families already need support in the transition to parenthood. Despite differences in the national health care and social welfare systems, such support can be regarded as part of preventive health care and, more specifically, maternity and child health care (MCH). Increasing knowledge is available on the psychological and social factors that enhance family relations and protect child development in the transition to parenthood. There is also a willingness to translate them into preventive care practices in pregnancy and early childhood (Brown and Liao, 1999; Zeanah et al., 2005). A multitude of interventions have been developed and implemented in an effort to create support systems for this transition (Glass, 1999; Armstrong and Hill, 2001; Viitala et al., 2008).

The available systematic reviews of family support have largely concentrated on mapping out the effectiveness of various types of intervention in order to determine the most effective ones, taking into account the quality of the research reviewed. The reviews evaluate interventions concentrating on a particular subarea of MCH, such as extending breastfeeding duration (e.g. de Oliveira et al., 2001) or improving the uptake of childhood immunization (e.g. Whittaker, 2002). Another trend is

to evaluate practices and processes of care with meta-analyses (Kearney et al., 2000; Armstrong and Hill, 2001).

Evaluation research as well as various social policy statements have long suggested that in order to develop practices of early support and care, it is not enough to investigate the effectiveness of interventions (Pawson and Tilley, 1997; Hearn et al., 2003). Implementing new models of health promotion and preventive care necessitates finding out what characteristics of the processes of implementation produce beneficial effects. We need to investigate how and to what extent they are realized in the actual MCH practices and processes. Further, we need to understand the mechanisms through which such interventions increase the well-being of families with children, and what changes and challenges they bring about in the everyday activities of the participants.

For these purposes, it is essential to illuminate different aspects of the forms of support implemented, from various different perspectives. We can make an analytic differentiation between three types of knowledge that serve as basis for the various research approaches or foci of interest: (i) the views and experiences of stakeholders concerning the subject matter, (ii) quantifiable knowledge that can be drawn from statistics, documents, validated measures and survey data, as well as (iii) knowledge of actual institutional practices, actions by the participants and processes formed from these practices (see also Harbers et al., 2002).

In this review, we map out recent research on the early support of parenthood within MCH in order to get an overview of the approaches that have been taken. Our objective is to find out whether and to what extent various epistemic perspectives are covered in the existing research. We ask what the focus areas of research are, what methods have been used, which groups are chosen as the target of research, and whose perspectives and activities are considered relevant. Our presupposition is that research focusing on the actual practices and processes of support for parents within MCH is under-represented.

## METHODS

Eight electronic databases in the fields of social and health sciences were searched during the summer of 2009: CSA Linguistic and Language Behavior Abstracts, MedLine, Sociological Abstracts, Sociology: A SAGE Full-Text Collection, EbscoHost: Academic Search Premier, CINAHL, Science Direct (Elsevier) and Ovid: PsycINFO. The search phrase in all databases combined terms referring to 'maternity and child health care', 'support' and 'parents'. [The search phrase was ('prenatal care' or 'prenatal clinic' or 'maternity clinic' or 'antenatal clinic' or 'welfare clinic' or 'maternity & child health care' or 'child health clinic' or 'child health care' or 'maternal health care' or 'maternal health clinic' or 'infant health care' or 'infant health clinic' or 'baby clinic' or 'health visit') and (support or 'transition to parenthood' or 'shared care' or 'familycentered' or 'family-centred') and (parent or family or father or mother).] Because of the differences in the systems of MCH provision in different countries, it was necessary to include numerous search terms that could refer to 'maternity and child health care'. These terms were gathered from relevant literature and the thesauri of the databases. Publications were included if search terms occurred in abstracts, titles or keywords. The process of inclusion and exclusion evolved in three phases.

In the first phase, only articles based on empirical research published in English in scientific peer-reviewed journals during 1990–2009 were included. Some of the articles came up in two or more databases. Altogether 619 different articles matched the search phrase.

In the second phase, after a preliminary review of the search results, the following exclusion criteria were introduced: MCH clinics are mentioned only as (i) a place for data collection, (ii) one aspect among other similar aspects (e.g. different sources of support), and (iii) a possible target of the application of research results. As our focus is on the support for parenthood in preventive MCH, we also excluded articles considering (iv) the utilization rate, volume, history or financial cost of providing maternity and child health services, (v) the epidemiology, aetiology, diagnosing or nursing of the specific health problems of individual clients or target groups (e.g. diabetes or HIV), or medical care of specific illnesses that fall beyond the scope of preventive health care, (vi) ethical questions considering foetal screening, and (vii) child welfare. Articles considering all other aspects of MCH were included. This left us with over 170 articles.

In the third phase, the few studies that concentrated on MCH in developing countries were also excluded on the basis that there is a homogenous understanding about the psychological and social knowledge basis that is used as the foundation for support systems in transition to parenthood, which is particular to Western countries (Rose, 1999; Vuori, 2001). To further reduce the number of the articles, we agreed to include only more up to date research—those published during 2000–09.

Two reviewers viewed each publication independently by title and abstract to decide whether or not they met the inclusion criteria. Where the reviewers' opinions differed, a consensus was created at discussions by the whole research group. Altogether 98 scientific articles were agreed on as meeting the criteria (see Supplementary data, Appendix 1 for the list of the articles). We organized the studies in a table and collected basic information about each study, including research subject, data, methods and results. Thereafter, the studies were categorized into three groups drawing upon our objective of investigating the approaches represented in current research on family support in MCH. The categories we use are based on our analytic differentiation between different epistemic perspectives. The studies under scrutiny can mostly be categorized within one epistemic perspective, but in some studies, more than one approach is used. The categories are research with focus on (i) the views and perceptions of professionals and clients, (ii) effectiveness and (iii) work practices and processes. In the following sections, we will give an overview of the 98 articles included in the review.

## RESULTS

The distribution of studies according to their epistemic perspective evidently shows how most research on the subject is based on interviews or questionnaires recording professionals' or clients' views and perceptions of different aspects of family support (63 studies). The next biggest group was research focusing on the effectiveness of interventions relating to family support (27), and only eight articles concentrated on the practices and processes involved in supporting parents in pregnancy and early childhood. In the following, we will describe the articles with regard to their (i) country of origin and field of research and (ii) data, methods and target groups. Thereafter, we will examine each group of studies from the point of view of what kind of knowledge the studies offer about supporting parents in MCH clinics.

### Description of the studies

#### Country of origin and research field of the studies

The first observation to be made about the whole dataset is the Anglo-American bias in the country of origin. Over half of the studies (50) included were conducted in the UK. The second biggest group (21) were conducted in the USA. Nine investigations originated in Canada and Australia, 16 in the Nordic countries and two in other European countries. The bias is partly due to the decision to include only articles written in English. However, as English is well established as the lingua

franca of health and social sciences, the result also indicates a potential risk that best practices and processes in family support in other than English speaking countries may not be getting similar visibility among professionals to those investigated in Anglo-American countries.

According to our rough classification, by far the most investigations were published in journals in nursing studies (51). The next biggest group was medicine and public health (21). Twelve articles were published in journals that could not be classified within one main discipline, seven articles were found in journals on education and psychology and another seven in social science journals.

#### Data, methods, target groups and study participants

Articles concerning the views and perceptions of clients and professionals (63) focused on (i) the experiences, expectations and evaluation of MCH services of clients, (ii) the views and perceptions of professionals and evaluation of their own role, task and duty in the MCH services with different client groups, or (iii) the views and perceptions of both clients and professionals. The data most often used in researching the views and perceptions were interviews with either individuals or focus groups (38) and questionnaires, including open-ended questions (21). Other data collecting methods included stories or diaries, documents/reports and ethnography. The most common research design was cross-sectional, data being gathered at one particular point during the pregnancy or early childhood years. Only in three studies was the setting longitudinal, reaching across the service process. The most common analytical approaches were qualitative content, thematic or descriptive analysis. The most common quantitative method mentioned was descriptive statistical analysis.

In articles focusing on the effectiveness of interventions (27), the interventions were targeted at the client family in 25 of 27 cases. With regard to outcome measures, the interventions were targeted at (i) the parents and the family (e.g. the health-related behaviour and attitudes of parents, social situation of the family), (ii) the child (his/her growth, development and behaviour) or (iii) the work of professionals in MCH. Frequently, several outcome measures within and between these categories were combined in the studies. The studies focusing on the effectiveness of interventions were mostly quantitative using, e.g. a randomized controlled trial (RCT) alone or in combination with other methods as the design of the evaluation setting. The effectiveness of the intervention was evaluated with regard to outcome measures that were examined with data gathered from (i) validated instruments, (ii) health-care records or (iii) interviews or questionnaires/logs completed by the participants. Often a mixture of such data was used to investigate several outcome measures. The data were analysed using primarily statistical methods and descriptive qualitative methods.

The studies focusing on analysing the processes and practices of MCH as activities (8) usually combined different types of data, such as observational data and interviews or surveys. The research designs of these studies are described in more detail later in the article.

Altogether, a general observation to be made of the data and methods used in the studies reviewed is the large proportion of qualitative approaches. However, only a few studies used other than descriptive qualitative methods, such as thematic analysis, and these were usually not based on a theoretical background.

In addition, when the target group or the informants of the studies or interventions were MCH professionals, the groups most often examined were health visitors and midwives. When the studies or interventions were targeted at the clients, some 40% of the studies concerned the parents or families considered as being in a risk group or as having specific needs for services (e.g. teenage mothers, lesbian mothers, incarcerated mothers and disadvantaged mothers). This tendency towards

studying parents with specific needs was not detectable in the eight articles directly exploring activities in care practices and processes.

In the research articles focusing on the views and perceptions of clients, or interventions, practices and processes targeted at clients, the target group was mothers alone in approximately two-thirds of the cases and fathers alone in one case only (Fägerskiöld, 2006). In addition, when both parents were reported as the target group of the study or the intervention, in some cases the participants were nevertheless primarily mothers (see, e.g. Long et al., 2001; Clarke et al., 2002). As the theme of the articles under review is MCH, the bias towards studying mothers seems reasonable.

However, it is noteworthy that even in an intervention where the quality of the relationship between parents was at stake, fathers were not approached (the questionnaire was only given to mothers, and the interviews were conducted with mothers and health visitors) (see Simons et al., 2003).

### **MCH processes and practices within the three categories**

As our particular interest in this article is research on actual institutional practices and actions of the participants as well as the processes in the provision of family support in pregnancy and early childhood, we have chosen for more detailed investigation those articles from each of the three 'epistemic groups' that represent efforts to examine the practices and/or processes of family support.

#### **Views and perceptions of MCH service processes**

The studies on the views and perceptions of MCH services shed light on the practices and processes of the services through participant reflection of various aspects of support. Although some of these articles claimed to study care practices, on closer scrutiny, it was evident that this was not the case. The articles in question were based on analyses of interviews and/or survey answers alone, and thus were really reporting on the perceptions by clients or health-care personnel on the processes and practices of care. Participant accounts of services are useful in many ways and enable one to grasp certain aspects about the procedural logic or practices of care but not everything in care practices is obvious or even verbally available to the people involved [(Mol, 2008) p. 8], and this is why these studies actually address the experiences, opinions or satisfaction of clients and health-care personnel in MCH care, not the actual care practices.

Three studies of the whole dataset had a longitudinal study design in which the data were gathered at various points during the service process. Longitudinal designs have the potential to capture and describe temporal changes in views and perceptions of support experienced during the service process, illuminating how these changes are related to the service process and various service practices in the transition to parenthood. The three articles are listed in Table 1.

**Table 1. Longitudinal studies on views and perceptions of MCH service processes.**

<b>Article name</b>	<b>Journal</b>	<b>Data</b>	<b>Method of Analysis</b>
Interactions between adolescent fathers and health care professionals during pregnancy, labor, and early postpartum (Dallas, 2009)	Journal of Obstetric, Gynecologic, & Neonatal Nursing	Individual interviews from the prenatal and 1 month data points of a larger longitudinal qualitative case study design. A purposive sample of 25 sets adolescent fathers, adolescent mothers, and at least one of each of their parents	Content analysis was used to describe adolescent fathers' experiences of various interactions between them and health care professionals.

The process of health visiting and its contribution to parental support in the Starting Well demonstration project (McIntosh & Shute, 2007)	Health and Social Care in the Community	Semi-structured interviews (N=59) were conducted with 20 mothers and their health visitors at two time points, i.e., when infants were 3–4 and 9–10 months old.	Thematic analysis was used to evaluate the benefits of the process of the programme implementation.
We are mothers too: Childbearing experiences of lesbian families (Renaud, 2007)	Journal of Obstetric, Gynecologic, & Neonatal Nursing	In-depth interviews (N=21), focus group (N=6), participant observation in monthly support group meetings for six months (N=43)	Content/categorical analysis in critical ethnography design was used to describe lesbians' personal and health care experiences of becoming pregnant, giving birth and being mothers and co-mothers.

In the three longitudinal studies, practices and processes of family support were approached by describing the experiences of clients and their conceptions of the encounters with health-care professionals during their transition to parenthood. The data were gathered mostly by interviewing clients at various points of the service process. Regardless of the promises of longitudinal study design, only McIntosh and Shute's (McIntosh and Shute, 2007) study of these three states explicitly that they are investigating temporal changes in parental perceptions of support in order to capture variation in care practices employed by health visitors. Thus, their focus is on the relations of the service practices and process and client experience. The studies examining views and perceptions describe practices and processes from one particular angle of individual accounts given retrospectively. The longitudinal setting of the studies furthers our knowledge of the perceived change in the practices scrutinized. However, other research designs might give a fuller description of what happens in the actual encounter.

#### The effectiveness of interventions made in MCH

There were 27 articles altogether that evaluated the effectiveness of interventions made in MCH. The interventions in question were most often realized in the form of group meetings led by a professional or professionals or home visiting or health visiting programmes. Most of the studies assessing the effectiveness of interventions concentrated on evaluating the outcome of intervention. This type of research gives us important and generalizable information about which interventions have a statistically significant effect on the targeted outcomes. However, it leaves the actual process of implementation untouched. The intervention may seem effective or ineffective with regard to selected outcome measures, but the research design does not reveal why the intervention was effective or not and whether it had some effect on other issues not measured. Gathering additional data about the process of implementation makes it possible to get a more extensive picture of the intervention.

In Table 2, we present five studies that made an effort to combine the measurement of outcome with other forms of evaluating the intervention. In these articles, the focus was on a trial—either an RCT or a before-after setting—using several types of measure to record the potential effectiveness of the interventions. The outcome measurements were backed up by qualitative data and analysis that were used to explain unsuccessful interventions or to validate successful ones.

**Table 2. Studies combining the measurement of outcome with other forms of evaluating intervention.**

Article name	Journal	Intervention	Data and methods of evaluating the effectiveness of intervention	Data and methods of investigating the process
Infant massage: Developing an evidence base for health visiting practice (Clarke et al., 2002)	Clinical Effectiveness in Nursing	infant massage program by a health visitor including group classes	questionnaires to intervention and non-intervention groups & statistical analysis	program evaluation questionnaire and focus groups to participants & open coding, thematic analysis
An evaluation of a groupwork intervention for teenage mothers and their families (McDonald et al., 2009)	Child & Family Social Work	multi-family group intervention for teenage mothers	questionnaires to teenage mothers and grandmothers before and after the intervention & statistical analysis	observation by trainers, open-ended questions and panel for service-users
How the health visitor can help when problems between parents add to postnatal stress (Simons et al., 2003)	Journal of Advanced Nursing	training for health visitors about responding to relationship problems between mothers and their partners	RCT (reported in detail in another article), screening scale, intervention record & statistical analysis	questionnaires and interviews to mothers and health visitors
Impact of a general practice based group parenting programme: Quantitative and qualitative results from a controlled trial at 12 months (Stewart-Brown et al., 2004)	Archives of Disease in Childhood	parenting program led by health visitors for parents of children aged 2-8 years with high scores on behaviour inventory	multicentre block RCT & statistical analysis	semi-structured interviews post-intervention and open-ended questions about views of the programme & coding in three stages, thematic analysis
Postnatal support for mothers living in disadvantaged inner city areas: A controlled trial (Wiggins et al., 2005)	Journal of Epidemiology & Community Health	two forms of postnatal social support for disadvantage inner city mothers	RCT, economic evaluation and follow up & statistical analysis	process evaluation: questionnaires, interviews, feedback forms

The studies by McDonald et al. (McDonald et al., 2009) and Simons et al. (Simons et al., 2003) showed positive trends both in terms of quantitative outcomes as well as in terms of qualitative feedback on their respective interventions. In these studies, the qualitative data took a minor role, mainly constituting validating data for the main results on the effectiveness of the intervention. In these cases, it seemed that process evaluation data did not add new aspects to the actual results.

In the three studies where the interventions did not have a statistically significant effect, the process evaluation however brought out new aspects (Clarke et al., 2002; Stewart-Brown et al., 2004; Wiggins et al., 2005) demonstrating, e.g. that the participants had experienced considerable benefits from the interventions. Drawing upon their qualitative analyses, Stewart-Brown et al. (Stewart-Brown et al., 2004) suggest that standard measures or inventories work well in measuring the outcome measures they use but may not be sensitive to some other relevant changes.

Activities in MCH practices and processes

Among our material, there were only eight peer-reviewed journal articles that could be classified as examining MCH with the main focus on (the process of) care practice activities. The practices and processes addressed in these articles include, e.g. needs/risk assessment, peer support, advising and giving information, bringing up issues at the appointments and referral to other services. In these eight articles, multiple dimensions of care were usually explored by combining different types of data (see Table 3). Observational material was used in six of the articles, most often in combination with interviews and surveys. In the two remaining articles, patient history/records were used in combination with surveys/questionnaires to health nurses and midwives. The studies using patient records as primary data are limited by not having direct unmediated access to practice. Medical records are always done in particular contexts and for particular purposes (Berg, 1998). It cannot be assumed, then, that records account for the standards that are set up in the actual practice of care work, because not everything ends up in patient history notes. However, two of the studies succeeded in accounting for realities of care behind and beyond the patient history by using survey data.

**Table 3. Studies exploring activities in the practices and processes.**

Article name	Journal	Processes/practices under study	Data	Method of analysis
Do we need health visitors in the child health clinic? (Plews & Bryar, 2002)	Clinical Effectiveness in Nursing	Giving advice and information, screening for physical abnormalities, bringing up concerns	Survey, observation, interviews	Descriptive quantitative analysis, content analysis
Health visiting assessment process under scrutiny: A case study of knowledge use during family health needs assessments (Appleton & Cowley, 2008b)	International Journal of Nursing Studies	Needs assessment	Observation, interview, survey	Qualitative coding with software
Health visiting assessment - unpacking critical attributes in health visitor needs assessment practice: A case study (Appleton & Cowley, 2008a)	International Journal of Nursing Studies	Needs assessment	Observation, interview, survey	Qualitative coding with software
Period prevalence and types of psychosocial risk factors in pregnant women in an urban Swedish community (Sydsjö & Wadsby, 2003)	International Journal of Social Welfare	Needs assessment, referral to other services	Patient history, survey	Descriptive quantitative analysis
Pregnant families' discussions on the net: From virtual connections toward real-life	Journal of Midwifery & Women's Health	Peer support	Internet discussions	Content analysis



community (Kouri et al., 2006)				
Supporting choice and control? Communication and interaction between midwives and women at the antenatal booking visit (McCourt, 2006)	Social Science & Medicine	Antenatal booking visit communication, giving advice and support, psycho-social support, bringing up concerns, caseload	Observation, interview, survey	Comparative setting, descriptive quantitative analysis, conversational analysis
The guideline contradiction: Health visitors' use of formal guidelines for identifying and assessing families in need (Appleton & Cowley, 2004)	International Journal of Nursing Studies	Needs assessment, use of guidelines	Observation, interview, survey	Qualitative coding with software
Working in partnership in the antenatal period: What do child and family health nurses do? (Kemp et al., 2006-7)	Contemporary Nurse	Giving advice and information, referral to other services	Survey, patient history/records	Factor analysis

The two studies using patient history/records as data utilized quantitative methods of analysis. In the rest of the articles, the methodological orientation was mainly qualitative, with primarily observational and interview data. All the articles adopting qualitative and observational approaches managed to tease out patterns of the processes or trajectories of MCH care and not just regularities among individual treatment decisions, difficult moments of patient choice or the quantity or quality of the information, advice or support given. Thus, they offer knowledge about the procedural modes of action that a lot of previous research and even policy and protocol do not specify and, in our view, rarely adequately acknowledge.

As was noted at the beginning of this article, MCH care seems to be primarily a subject of biomedical and nursing study interest. Seven of eight studies on MCH practices and processes are from nursing studies (6) or pediatrics/gynecology (1). Consequently, the studies on practices being scrutinized here tend to be strongly framed by the fixed and normative concept of welfare and health specific to nursing theory. There is some danger of circular reasoning here. For example, an intervention is developed and implemented to increase psychologically or medically defined well-being, following which it is found to do so (Kouri et al., 2006), or risk and needs assessments are explored and assessed solely in their own terms without any reference to other practices of care and strictly in the context of the MCH organization (Plews and Bryar, 2002; Appleton and Cowley, 2004, 2008a,b). We find that this approach may leave intact particular normative interests embedded in the organization of health care. It would be possible to widen the perspective by using theoretical frameworks outside the nursing discipline but in the articles examined here, no such frameworks were utilized. In our material, only McCourt (McCourt, 2006) succeeds in accounting for the wider social and psychological area by investigating antenatal booking visit sequences of questions and answers, and arguing that there are styles in communication and conversational patterns that relate to larger organizational settings and coordination, and reflect power and knowledge relationships.

Excluding McCourt's article that used a conversational analysis and a comparative frame, the articles remained at the level of descriptive analysis, both in quantitative and in qualitative approaches. Their basic objective was to map out or classify activities at various MCH care sites. The descriptive methodological tools used were various forms of content analysis, often vaguely described and combined with ethnographic description, descriptive quantitative methodology and statistics.

## CONCLUSIONS

The peer-reviewed journal articles on family support in MCH published between 2000 and 2009 can be characterized as concerned mainly with specific risk target groups, such as women and children with special needs or risk factors. Furthermore, the research is conducted mainly in Anglo-American countries and within the academic disciplines of nursing studies, medicine and public health. Accordingly, biases emerge: the articles are attuned to medical–epidemiological risk thinking and Anglo-American primary care organizations and culture. Less attention is paid to universal services and men's accounts and interventions aimed at engaging them in MCH activities.

Methodologically, most of the articles examine the views and perceptions of clients and health-care professionals on family support and the effectiveness of intervention. Among our material, there were only eight articles that could be classified as studies with a principal focus on (the processes of) care practices. Consequently, there is only a little unmediated knowledge on the processes and practices of MCH in the 2000s. If the procedural nature of care and care practices are not scrutinized as such, it remains unclear how the effective practices identified and practices perceived as good are actually implemented and disseminated. Although the views and perceptions of participants are relevant, there is a considerable difference between the perspectives of research that looks directly at practices via such methods as observation, video-recording, tape-recordings and patient records, and research that relies on participant accounts of the practice and process. Research that is pre-structured on the basis of categories deriving from formal guidelines and protocols may leave the unarticulated and informal dimensions of care intact.

A void certainly remains, both in volume and in content, in existing research on MCH care. In the light of our analysis, we suggest that further social scientific study of the practices and processes of maternity health care is needed. To address unarticulated and informal dimensions of good and effective care methods, one should look directly at practices using such methods as observation, video-recording, tape-recording and patient records. The issue is to explore the modes of care given at specific and particular MCH care settings (Harbers et al., 2002) and to describe the structural organization of interaction between the clients and professionals (Heritage and Maynard, 2006). We argue that such micro-analytic perspectives and procedurally oriented research and sampling is needed to reveal the processes and logic of MCH care. These research designs might give us crucial information to the questions about why and how specific practices or intervention work or do not work in a given context and what might be the key steps in changing practices. Further, to acquire knowledge that can be used in developing effective health promotion practices for all the families, including families not yet diagnosed with specific problems, we need research approaches that take into account the everyday context of all the clients and health-care professionals.

## SUPPLEMENTARY DATA

Supplementary data are available at [HEAPRO](#) online.

## FUNDING

This work was supported by Juho Vainio Foundation; Finnish Doctoral Program in Social Sciences [to S.T.]; Finnish Research School in Women's and Gender Studies [to R.H.]; University Alliance

Project Käyttäjakeskeisen yhteiskunnallisen muutoksen ennakointitutkimus osaamiskeskittymä [to R.H.] and University of Tampere Foundation [to R.H.].

## REFERENCES

Appleton, J. V. and Cowley, S. (2004) The guideline contradiction: Health visitors' use of formal guidelines for identifying and assessing families in need. *International Journal of Nursing Studies*, 41, 785–797.

Appleton, J. V. and Cowley, S. (2008a) Health visiting assessment—unpacking critical attributes in health visitor needs assessment practice: a case study. *International Journal of Nursing Studies*, 45, 232–245.

Appleton, J. V. and Cowley, S. (2008b) Health visiting assessment processes under scrutiny: a case study of knowledge use during family health needs assessments. *International Journal of Nursing Studies*, 45, 682–696.

Armstrong, C. and Hill, M. (2001) Support services for vulnerable families with young children. *Child & Family Social Work*, 6, 351–358.

Berg, M. (1998) Order(s) and disorder(s): Of protocols and medical practices. In Berg, M. and Mol, A. (eds), *Differences in Medicine: Unraveling Practices, Techniques, and Bodies*. Duke University Press, Durham, pp. 226–244.

Brown, C. H. and Liao, J. (1999) Principles for designing randomized preventive trials in mental health: an emerging developmental epidemiology paradigm. *American Journal of Community Psychology*, 27, 673–710.

Clarke, C. L., Gibb, C., Hart, J. and Davidson, A. (2002) Infant massage: developing an evidence base for health visiting practice. *Clinical Effectiveness in Nursing*, 6, 121–128.

Dallas, C. M. (2009) Interactions between adolescent fathers and health care professionals during pregnancy, labor, and early postpartum. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 38, 290–299.

de Oliveira, M. I., Camacho, L. A. and Tedstone, A. E. (2001) Extending breastfeeding duration through primary care: a systematic review of prenatal and postnatal interventions. *Journal of Human Lactation*, 17, 326–343.

Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services: The mental health and psychological well-being of children and young people*. Department of Health, United Kingdom.

Fägerskiöld, A. (2006) Support of fathers of infants by the child health nurse. *Scandinavian Journal of Caring Sciences*, 20, 79–85.

Glass, N. (1999) Sure start: the development of an early intervention programme for young children in the United Kingdom. *Children & Society*, 13, 257–264.

- Goodman, J. H. (2008) Influences of maternal postpartum depression on fathers and on father-infant interaction. *Infant Mental Health Journal*, 29, 624–643.
- Harbers, H., Mol, A. and Stollmeyer, A. (2002) Food matters: arguments for an ethnography of daily care. *Theory, Culture & Society*, 19, 207–226.
- Hearn, J., Lawler, J. and Dowswell, G. (2003) Qualitative evaluations, combined methods and key challenges: general lessons from the qualitative evaluation of community intervention in stroke rehabilitation. *Evaluation*, 9, 30–54.
- Heritage, J. and Maynard, D.W. (eds) (2006) *Communication in medical care. Interaction between primary care physicians and patients*. Cambridge University Press, Cambridge.
- Kearney, M. H., York, R. and Deatrick, J. A. (2000) Effects of home visits to vulnerable young families. *Journal of Nursing Scholarship*, 32, 369–376.
- Kemp, L., Eisbacher, L., McIntyre, L., O'Sullivan, K., Taylor, J., Clark, T. et al. (2006–07) Working in partnership in the antenatal period: what do child and family health nurses do? *Contemporary Nurse*, 23, 312–320.
- Kouri, P., Turunen, H., Tossavainen, K. and Saarikoski, S. (2006) Pregnant families' discussions on the net: from virtual connections toward real-life community. *Journal of Midwifery & Women's Health*, 51, 279–283.
- Long, A., McCarney, S., Smyth, G., Magorrian, N. and Dillon, A. (2001) The effectiveness of parenting programmes facilitated by health visitors. *Journal of Advanced Nursing*, 34, 611–620.
- McCourt, C. (2006) Supporting choice and control? Communication and interaction between midwives and women at the antenatal booking visit. *Social Science & Medicine*, 62, 1307–1318.
- McDonald, L., Conrad, T., Fairtlough, A., Fletcher, J., Green, L., Moore, L. et al. (2009) An evaluation of a groupwork intervention for teenage mothers and their families. *Child & Family Social Work*, 14, 45–57.
- McIntosh, J. and Shute, J. (2007) The process of health visiting and its contribution to parental support in the Starting Well demonstration project. *Health & Social Care in the Community*, 15, 77–85.
- Mol, A. (2008) *The logic of care: Health and the problem of patient choice*. Routledge, London & New York.
- Pawson, R. and Tilley, N. (1997) *Realistic evaluation*. Sage Publications, London.
- Plews, C. M. C. and Bryar, R. M. (2002) Do we need health visitors in the child health clinic? *Clinical Effectiveness in Nursing*, 6, 27–35.
- Renaud, M. T. (2007) We are mothers too: childbearing experiences of lesbian families. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 36, 190–199.

Rose, N. (1999) *Governing the soul: The shaping of the private self*. Free Association Books, London.

Simons, J., Reynolds, J., Mannion, J. and Morison, L. (2003) How the health visitor can help when problems between parents add to postnatal stress. *Journal of Advanced Nursing*, 44, 400–411.

Stewart-Brown, S., Patterson, J., Mockford, C., Barlow, J., Klimes, I. and Pyper, C. (2004) Impact of a general practice based group parenting programme: quantitative and qualitative results from a controlled trial at 12 months. *Archives of Disease in Childhood*, 89, 519– 525.

Swanson, J. D. and Wadhwa, P. M. (2008) Developmental origins of child mental health disorders. *Journal of Child Psychology & Psychiatry*, 49, 1009–1019.

Sydsjö , G. and Wadsby, M. (2003) Period prevalence and types of psychosocial risk factors in pregnant women in an urban Swedish community. *International Journal of Social Welfare*, 12, 302–306.

Viitala, R., Kekkonen, M. and Paavola, A. (2008) Development of family centre services: Final report of the FAMILY Project. (Summary in English) Ministry of Social Affairs and Health, Helsinki.

Vuori, J. (2001) *Äidit, isät ja ammattilaiset: Sukupuoli, toisto ja muunnelmat asiantuntijoiden kirjoituksissa*. Tampere University Press, Tampere.

Whittaker, K. (2002) Lay workers for improving the uptake of childhood immunization. *British Journal of Community Nursing*, 7, 474–479.

Wiggins, M., Oakley, A., Roberts, I., Turner, H., Rajan, L., Austerberry, H. et al. (2005) Postnatal support for mothers living in disadvantaged inner city areas: a randomized controlled trial. *Journal of Epidemiology & Community Health*, 59, 288–295.

Zeanah, P., Stafford, B., Nagle, G. and Rice, T. (2005) Addressing social-emotional development and infant mental health in early childhood systems. National Center for Infant and Early Childhood Health Policy, Los Angeles, CA.